

June 29, 2016

Ryan Dunkle 809 Alameda Avenue Sheffield Lake, OH 44054

Dear Sir or Madam,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the

GOVERNMENT EXHIBIT 236 4:18-CR-368 Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember. The information we are requesting will assist us in reviewing claims. If you decide to respond to this request, you may choose to skip questions that you do not wish to answer.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345326 or e-mail at <u>BStockwell@express-scripts.com</u>.

Your prompt response is greatly appreciated. On behalf of Express Scripts, thank you for your assistance.

Sincerely,

Blake Stockwell Investigator Express Scripts Enclosure

CRP15_724

1. Have you ever had a prescription filled at Omni One Med Pharmacy Services?

Circle One: YES NO

2. If Yes, Please provide the following information:

PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
301859	10/31/2014	COMPOUND	\$17,589.17			
301856	10/31/2014	COMPOUND	\$4,983.11			
301862	10/31/2014	COMPOUND	\$4,355.31			
301857	10/31/2014	COMPOUND	\$1,126.33			
301859	11/25/2014	COMPOUND	\$16,912.37			
301856	11/25/2014	COMPOUND	\$5,188.42			
301862	11/25/2014	COMPOUND	\$4,355.31			
301857	11/25/2014	COMPOUND	\$1,056.00			
301859	12/19/2014	COMPOUND	\$17,589.17			
301856	12/19/2014	COMPOUND	\$4,983.11			

301862	12/19/2014	COMPOUND	\$4,355.32		
301857	12/19/2014	COMPOUND	\$149.99		

3.	How were these prescriptions dropped off to the pharmacy?							
	Circle One:	Hand-delivered	Sent by Doctor	Other				
	Additional Com	ments:						
4.	How did you hear	about this pharmacy?						
	Circle One:	Doctor Friend	Co-Worker Semin	ar Advertisement	Other			
	Additional Com	ments:						
5.	How did you recei	How did you receive these prescriptions?						
	Circle One:	US Mail Fedex	/UPS Hand Delivered	d Other				
	Additional Com	ments:_						
6.	Are you still recei	ving prescriptions from	n this pharmacy?					
	Circle One:	Yes No						
	Additional Com	ments:						

7.	These prescriptions were authorized by Dr. Vladimir Redko. Have you ever met or had any consultation with Dr. Vladimir Redko?						
	Circle One: Yes No						
	Additional Comments:						
8.	Where have you seen Dr. Vladimir Redko?						
	Circle ALL that apply: In Office In Hospital Via Telephone Other						
	Additional Comments:						
9.	What was the intended use of the prescriptions you received?						
	Circle ALL that apply: Wound Care Scar Care Pain Skin Therapy Other						
	Additional Comments:						
10.	Please use the below area to provide any additional comments						
	Additional Comments:						

Confidential Information		
V		
Signature:	Date:	



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301848	10/31/2014	COMPOUND	\$17,589.17			
301849	10/31/2014	COMPOUND	\$4,983.11			
301853	10/31/2014	COMPOUND	\$4,355.32			
301847	10/31/2014	COMPOUND	\$1,990.80			
301848	11/25/2014	COMPOUND	\$16,912.37			
301849	11/25/2014	COMPOUND	\$4,983.11			
301847	11/25/2014	COMPOUND	\$1,990.80			
301853	11/25/2014	COMPOUND	\$149.99			
301848	12/19/2014	COMPOUND	\$17,589.17			
301849	12/19/2014	COMPOUND	\$4,983.11			

	301853	12/19/2014	COMPOUND	\$4,355.32		
Ī	301847	12/19/2014	COMPOUND	\$2,047.16		

3.	How were these prescriptions dropped off to the pharmacy?							
	Circle One:	Hand-delivered	Sent by Doctor	Other				
	Additional Com	ments:						
4.	How did you hear	about this pharmacy?						
	Circle One:	Doctor Friend	Co-Worker Semin	ar Advertisement	Other			
	Additional Com	ments:						
5.	How did you recei	How did you receive these prescriptions?						
	Circle One:	US Mail Fedex	/UPS Hand Delivered	d Other				
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	Circle One:	Yes No						
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Confidential Information	
Y	
Signature:	Date: